Government of the District of Columbia Office of the Chief Financial Officer

2007 SEP 26 PM 1: 00

Natwar M. Gandhi Chief Financial Officer

CHAIDMANICRAY

MEMORANDUM

TO:

The Honorable Vincent C. Gray

Chairman, Council of the District of Columbia

FROM:

Natwar M. Gandhi

Chief Financial Officer

DATE:

SEP 26 2007

SUBJECT:

Fiscal Impact Statement: "Student Access to Treatment Act of

2007"

REFERENCE:

Bill Number 17-92

Conclusion

Funds are sufficient in the FY 2008 through FY2011 budget and financial plan to implement the provisions of the proposed legislation *if* the Mayor's plan will include a cost-sharing provision for the training programs in private, parochial, and charter schools in the District. If the Mayor intends for the District government to fund the cost of the training program in private, parochial, and charter schools, then funds are *not* sufficient in the FY 2008 through FY 2011 budget and financial plan. Under this latter scenario, implementation of this bill would result in a net unbudgeted cost of \$121,000 over the FY 2008 through FY 2011 period.

Background

The proposed legislation would permit a student with a valid medication action plan to possess and self-administer asthma or anaphylaxis medications while at school, at school-sponsored activities, and while on school-sponsored transportation. The proposed bill also permits trained school employees and agents to administer medication to a student who has a valid mediation action plan, or under emergency circumstances in accordance with a doctor's standing order.

¹ For the purposes of this legislation, "school" is defined as any public school operated under the authority of the Mayor of the District of Columbia, *and* any charter school, parochial school, or private school in the District.

The proposed bill requires that by July 8, 2008, the Mayor must develop and implement a medication administration training program to train and certify employees and agents of the school. The training program would be required to be conducted by a health care professional licensed in the District. Currently, all *public* schools in the District of Columbia already have a medication training program as mandated by law; this proposed legislation would mandate the training program for private, parochial, and public charter schools, and would enhance the existing training program as required by the proposed legislation.

The proposed legislation also states that by July 1, 2008, the Mayor would be required to develop a standardized form for posting emergency response information related to the purposes of this bill.

Further, the proposed legislation would require schools to: store medication action plans in a designated location; create and maintain a list of students with valid medication action plans; maintain accurate records of all employees and agents who are certified to administer medication; and maintain accurate records of all incidents where medication is administered to a student in emergency circumstances. The proposed bill permits, but does not require, schools to procure additional medication for use in emergency circumstances, and permits schools to store additional medication for self-administering students, so long as said medication is properly stored and maintained.

Neither the District, nor any school, employee or agent of the school would be held liable for the good faith performance of responsibilities under the proposed legislation. If enacted, the Mayor would be authorized to issue rules to implement the provisions of the proposed legislation.

The proposed legislation repeals the Administration of Medication by Public School Employees Act of 1993.²

Financial Plan Impact

Funds are sufficient in the FY 2008 through FY2011 budget and financial plan to implement the provisions of the proposed legislation *if* the Mayor's plan will include a cost-sharing provision for the training programs in private, parochial, and charter schools in the District. If the Mayor intends for the District government to fund the cost of the training program in private, parochial, and charter schools, then funds are *not* sufficient in the FY 2008 through FY 2011 budget and financial plan. Under this latter scenario, implementation of this bill would result in a net unbudgeted cost of \$121,000 over the FY 2008 through FY 2011 period.

² Approved November 20, 1993. D.C. Law 10-55; D.C. Official Code § 38-631 et seq.

The 152 parochial, private, and charter schools in the District are not currently mandated to provide medication administration training to their employees and agents. Therefore, under the proposed legislation, contracted nurses would need to be hired to provide this training. If the Mayor's plan contains a cost-sharing provision, whereby private, parochial, and charter schools would pay for this service, then the proposed legislation would not have a fiscal impact on the District government. However, if the Mayor intends for the District government to provide for the cost of this service, then the net unbudgeted cost of this service would be \$120,960 over the FY 2008 through FY 2011 period.

The cost of complying with the maintenance and storage provisions of the proposed bill can be absorbed with existing agency resources.

As the proposed bill permits, but does not require, schools to procure additional medication for use in emergency circumstances, the cost of procuring said medication has not been considered in this fiscal impact statement.

Estimated Impact to the Financial Plan Assuming No Cost-Sharing					
	FY 2008	FY 2009	FY 2010	FY 2011	4 Year Total
Initial Training Certification*	\$43,200	N/A	N/A	\$43,200	\$86,400
In-Service Certification**	\$8,640	\$8,640	\$8,640	\$8,640	\$34,560
Net Combined Costs	\$51,840	\$8,640	\$8,640	\$51,840	\$120,960

^{*} Required every three years

^{**} Required every year